

LISTING OF THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

1. (original) A method of providing prescription benefits to subscribers under a plan, comprising the steps of:
 - a) identifying a sponsor for a prescription benefits plan;
 - b) designing the prescription benefits plan, to include a formulary of preferred medications;
 - c) identifying at least one pharmacy that:
 - i) participates in the prescription benefits plan,
 - ii) receives prescriptions for medication and prescription benefit claims from subscribers, and
 - iii) fulfills the prescriptions for a predetermined price;
 - d) identifying at least one eligible subscriber having a valid credit or debit account with a creditor or institution and wishing to participate in the prescription benefits plan;
 - e) enrolling each eligible subscriber who wishes to participate in the prescription benefits plan;
 - f) generating an eligibility profile for each subscriber;
 - g) establishing a prescription benefits manager to administer the prescription benefits plan;
 - h) establishing a prescription claims processor that:
 - i) receives claims for prescription benefits from a participating pharmacy;
 - ii) adjudicates the claims in accordance with the subscriber's eligibility profile; and
 - iii) upon approval of a claim, charges the subscriber's credit account for accepted claims, the amount of the charge being equal to the price of the prescription minus a predetermined co-payment which is tendered by the subscriber to the pharmacy at the time of fulfilling the prescription;
 - i) a first payment, made by the creditor to the prescription benefits manager, the first

payment being equal to the amount charged to the subscriber's account minus a first predetermined service fee to be retained by the creditor;

j) a second payment, made by the prescription benefits manager to the pharmacy, the second payment being equal to a predetermined portion of the prescription price; and

k) a third payment, made by the prescription benefits manager to the claims processor, the third payment being equal to a predetermined service fee.

2. (original) The method of claim 1 wherein the claims processor further:

a) performs a drug regimen review prior to approval of a claim; and

b) advises the pharmacy of the review results.

3. (original) The method of claim 1, further comprising the steps of:

a) imprinting subscriber information onto identification cards; and

b) distributing the identification cards to the subscribers.

4. (original) The method of claim 1 wherein the amount of the co-payment is determined by the medication's inclusion, exclusion or ranking in the formulary.

5. (original) The method of claim 1, wherein the adjudication of claims by the claims processor further comprises the steps of:

a) checking the prescription against the formulary; and

b) recommending medications to the pharmacy for fulfilling the prescription, the recommendation being determined by formulary preferences.

6. (original) The method of claim 1 wherein the prescription benefits manager further generates reports relating to subscriber prescription claims.

7. (original) The method of claim 1 wherein the prescription benefits manager further:

a) identifies at least one market for at least one selected prescription medication, for at least one pharmaceutical company;

b) accumulates usage data regarding consumption of the at least one selected prescription medication by the subscribers;

c) periodically provides the usage data to the pharmaceutical company; and d) receives an incentive from the pharmaceutical company as a result of an increase in market share for the selected prescription medication among the subscribers.

8. (original) The method of claim 7, further comprising the step of sharing at least a portion of the incentive with subscribers who contribute to the increase in market share.

9. (original) The method of claim 8 wherein the amount of the incentive shared with a subscriber is related to that subscriber's contribution to the increase in market share.

10. (original) The method of claim 1 wherein an electronic means for telecommunication is used to link at least two of the participants comprising the subscriber, the prescription benefits plan sponsor, the pharmacy, the prescription benefits manager, the claims processor and the creditor or institution.

11. (original) The method of claim 7 wherein an electronic means for telecommunication is used to link the pharmaceutical company and the prescription benefits manager.

12. (original) The method of claim 1 wherein the first payment is in the form of a credit to an account which is periodically paid out to the prescription benefits manager.

13. (original) The method of claim 1 wherein the sponsor for the prescription benefits plan is self-funded.

14. (original) The method of claim 13 wherein the sponsor reimburses the subscriber in an amount related to the subscriber's participation in formulary-determined preferences.